#### PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Intervention Name: Raising Healthy Children (formerly known as the Seattle Social

Development Project)

**Developer:** J. David Hawkins, PhD; Richard F. Catalano, PhD

**Program Description:** The Seattle Social Development Project (SSDP) is a multiyear,

school-based youth development program that seeks to reduce childhood risk factors for school failure, drug abuse, and delinquency. Targeted risk factors include children's bonding with their families and schools, academic achievement, interpersonal problem-solving skills, refusal skills, and positive classroom behaviors. The intervention is now being implemented under the

name Raising Healthy Children.

### **Component 1: Interpersonal Problem Solving Curriculum**

In this component, first-graders receive lessons focused on interpersonal problem solving skills, such as communication skills, decision-making, negotiation, and conflict resolution.

### Component 2: Refusal-Skills Training Curriculum

In this component, sixth-graders receive a four-hour refusal-skills training curriculum focused on helping students resist social influences to engage in problem behaviors, such as drug use and sex, and to identify and develop positive alternatives to these behaviors.

#### Component 3: Catch 'Em Being Good Curriculum

In this component, parents of first- and second-grade students are offered behavior management training in a seven-session curriculum called *Catch 'Em Being Good*, which teaches parents to convey expectations for behavior in an effective way, to identify and reinforce positive behaviors, and learn and develop appropriate responses to negative behavior. This component seeks to reduce risk factors such as poor and inconsistent family management and family conflict.

# Component 4: How to Help Your Child Succeed in School Curriculum

Parents of third-grade students are offered a four-session, academic support curriculum intended to improve parent-child communication and help parents become more involved in their children's education.

### **Component 5: Guiding Good Choices**

Parents of fifth- and sixth-grade students are offered a fivesession curriculum to help them discourage their children from using substances. It seeks to reduce family conflict and improve communication.

# Component 6: Training on Instructional Strategies and Classroom Behavior Management

Teachers are trained in methods relating to proactive classroom management, interactive teaching, and cooperative learning.

Target Population: Available information describes the target population as

elementary school children in grades one through six.

Curriculum Materials:

For information on the availability of curriculum materials, visit <a href="http://www.sdrg.org/rhcsummary.asp#3">http://www.sdrg.org/rhcsummary.asp#3</a>. For more information on the research supporting the program, contact the Seattle Social Development Project (<a href="http://depts.washington.edu/ssdp/">http://depts.washington.edu/ssdp/</a>).

**Training and TA:** The intervention is now being implemented under the name

Raising Healthy Children. Training information for Raising Healthy Children is available at <a href="http://www.sdrg.org/rhcsummary.asp#3">http://www.sdrg.org/rhcsummary.asp#3</a>.

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## Research Evidence<sup>1</sup>

**Study Citations:** 

Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine*, *153*(3), 226-234.

Lonczak, H. S., Abbott, R. D., Hawkins, J. D., Kosterman, R., & Catalano, R. F. (2002). Effects of the Seattle Social Development Project on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years. *Archives of Pediatrics & Adolescent Medicine*, *156*(5), 438.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of Social Development Intervention in Childhood 15 Years Later. *Archives of Pediatrics & Adolescent Medicine*, 162(12), 1133-1141.

Population Evaluated: Urban male and female students enrolling in an evaluation of the full (six-year) intervention in the first grade

 46% white, 26% African American, 26% Asian American, 6% Native American

**Setting:** 18 elementary schools in Seattle, Washington

<sup>&</sup>lt;sup>1</sup> This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.

### **Study Findings:**

Follow-up at age 18: youth participating in the intervention were significantly less likely to report ever having had sexual intercourse and reported significantly fewer lifetime sexual partners.

Follow-up at age 21: youth participating in the intervention reported significantly fewer lifetime sexual partners, and females participating in the intervention were significantly less likely to report a lifetime pregnancy or birth.

Follow-up at age 24: youth participating in the intervention were significantly less likely to report having ever been diagnosed with an STD.

Follow-up at age 27: youth participating in the intervention were significantly less likely to report having ever been diagnosed with an STD.